U.S. DISTRICT COURT - N.D. OF N.Y.
FILED
FEB 23 2017
AT ____ O'CLOCK ____
Lawrence K. Baerman, Clerk - Utica

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF NEW YORK

Bruce A. Babcock
Plaintiff(s)

vs.

Tompkins County
Defendant(s)

Civil Case No.: 3:17-CV-207 (GTS/DEP)

COMPLAINT PURSUANT TO THE AMERICANS WITH DISABILITIES ACT

Plaintiff(s) demand(s) a trial by: [✓] JURY [ ] COURT (Select **only** one).

Plaintiff(s) in the above-captioned action, allege(s) as follows:

JURISDICTION

1. This is a civil action seeking judgment, relief and/or damages brought pursuant to the Americans with Disabilities Act, 42 U.S.C. § 12101 *et seq.*, as amended, for discrimination based upon a disability and the failure to accommodate same. This Court has jurisdiction of this action pursuant to 28 U.S.C. §§ 1331 and 1343(4).

PARTIES

2. a. Plaintiff: Bruce A. Babcock

Address: 33 E. Main St.
Trumansburg, NY 14886

b. Plaintiff: ____________________

Address: ____________________

Additional Plaintiffs may be added on a separate sheet of paper.

3. a. Defendant: Mike Lane

Official Position: Legislative Chair

Address: 121 E. Court St.

Ithaca, NY 14850

b. Defendant: Jay Franklin

Official Position: Director, Assessment Dept.

Address: 128 E. Buffalo St.

Ithaca, NY 14850

Additional Defendants may be added on a separate sheet of paper.

4. My disability is as follows:

I am blind due to a car accident in January of 1979.

5. The conduct complained of in this action involves:
(Check all that apply)

(A) ☐ Failure to employ.

(B) ☐ Termination of employment.

(C) ☑ Denial of participation in public service or program.

(D) ☑ Failure to make alterations to accommodate disability.

(E) ☐ Retaliation.

(G) ☐ Other acts as specified below:

6. **FACTS**

On the following page, set forth the facts of your case which substantiate your claim of discrimination. List the events in the order they happened, naming defendants involved, dates and places.

Note: Each fact should be stated in a separate paragraph; paragraphs should be numbered sequentially.

You must include allegations of wrongful conduct as to EACH and EVERY defendant in your complaint.

You may use additional sheets as necessary.

1. Failure to notify me/correspond with me using a medium that I can access and understand. Mr. Lane and Mr. Franklin ignore ADA guidelines when communicating with me on any issue, and do not provide information to me in an appropriate manner for notices, applications, and tax bills. Mr. Lane and Mr. Franklin also ignore my pleas to do so. Previous arrangements were made with the former Director of Assessment, Valeria Cognan (spelling may be inaccurate, screen-reader pronounced it this way) and the County Attorney, Mr. Jonathan Wood, to accommodate my disability by calling or emailing me in reference to any assessment or taxation issues.

2. Mr. Franklin ignores ADA guidelines in notifying me of the application period/expiration for the STAR Program for tax relief. I believe in the year 2015, I lost the tax relief benefit due to lack of proper communication from Mr. Franklin and/or representatives of his department.

7. **PRAYER FOR RELIEF**

WHEREFORE, plaintiff(s) request(s) that this Court grant the following relief:

I would like to re-cooperate any monies lost due to the actions taken by Mr. Lane and Mr. Franklin including *late fees for property taxes,* extra taxation due to the loss of STAR exemption, and any additional fees for legal aid in this matter.

I declare under penalty of perjury that the foregoing is true and correct.

DATED: 2/21/17

Signature of Plaintiff(s)
(all Plaintiffs must sign)